

Please type a plus sign (+) inside this box 

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	TO BE ASSIGNED
Filing Date	JANUARY 31, 2004
First Named Inventor	YIONG YANG
Title	MITOGEN-ACTIVATED PROTEIN KIN
Group Art Unit	TO BE ASSIGNED
Examiner Name	TO BE ASSIGNED
Attorney Docket Number	UAF-03-14

I hereby appoint:

☐ Practitioners at Customer Number  **OR**

☒ Practitioner(s) named below:

Place Customer  
Number Bar Code  
Label here

Name	Registration Number
ANGELA FOSTER	48,494

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

**OR**

☐ Practitioners at Customer Number 

**OR**

Place Customer  
Number Bar Code  
Label here

<input checked="" type="checkbox"/> Firm or Individual Name	ANGELA FOSTER, PHD., ESQ.				
Address					
Address	2906 BIRCHWOOD COURT				
City	NORTH BRUNSWICK	State	NJ	Zip	08902-3933
Country	USA				
Telephone	732-821-9363	Fax	732-821-4692		

I am the:

☐ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

### SIGNATURE of Applicant or Assignee of Record

Name	ANN KEMP
Signature	
Date	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 2 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

# DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

☐Declaration  
Submitted  
With Initial  
Filing

OR

☐Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

Attorney Docket Number

UAF-03-14

First Named Inventor

YANG, YINONG

COMPLETE IF KNOWN

Application Number

To be Assigned

Filing Date

January 31, 2004

Art Unit

To be Assigned

Examiner Name

To be Assigned

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**MITOGEN-ACTIVATED PROTEIN KINASE AND METHOD OF USE TO ENHANCE BIOTIC  
AND ABIOTIC STRESS TOLERANCE IN PLANTS**

(Title of the Invention)

the specification of which

☒

is attached hereto

OR

☐

was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P. . Box 1450, Alexandria, VA 22313-1450.**

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION — Utility or D sign Patent Application**

Direct all correspondence to: <input type="checkbox"/> Customer Number: <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span> <b>OR</b> <input type="checkbox"/> Correspondence address below			
Name ANGELA FOSTER, PHD, ESQ			
Address 2906 BIRCHWOOD COURT			
City NORTH BRUNSWICK		State NEW JERSEY	ZIP 08902-3933
Country USA	Telephone 732-821-9363	Fax 732-821-4692	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) LIZHONG		Family Name or Surname YANG	
Inventor's Signature			Date
Residence: City 1801 N. GLENBROOK PL	State ARKANSAS	Country USA	Citizenship USA
Mailing Address UNIVERSITY OF ARKANSAS, DEPARTMENT OF PLANT PHYSIOLOGY, 217 PLANT SCIENCE BLDG			
City FAYETTEVILLE	State ARKANSAS	ZIP 72701	Country USA
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) LIZHONG		Family Name or Surname XIONG	
Inventor's Signature			Date
Residence: City 11-23-6, LION HILL	State WUHAN	Country CHINA	Citizenship P.R. CHINA
Mailing Address NATL KEY LAB OF CROP GENETIC IMPROVEMENT, HUAZHONG AGRICULTURAL UNIVERSITY			
City WUHAN	State CHINA	ZIP 430070	Country CHINA
<input type="checkbox"/> Additional inventors or a legal representative are being named on the supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			